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COVER LETTER

Division of Corporations					
CS Realty (GA), LLC					
SUBJECT: Nan	ne of Limited I	Liability Company			
Dear Sir or Madam:		•			
The enclosed Registered Agent/Registered Off	address change only				
Please return all correspondence concerning th	is matter to the	e following:	croage only		
Lainie J. Simon, Esq.					
Name of Person					
Firm/Company					
14 SE 4th St, #36					
Address	 				
Boca Raton, FL 33432			2 8		
City/State and Zip Code			2018 OCT		
chargreaves@seligenterprises.com					
E-mail address: (to be used for future and	ual report noti	ification)			
For further information concerning this matter.	, please call:				
Lainie J Simon	561	4451361			
Name of Person	** (Area Code & Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	; amount:				
☑ \$25 Filing Fee	\$25 Filing Fee				
INHS18 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

t. Na	CS Realty (G	A) LLC	
2. (a)	1100 Spring Street, NW	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 550		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Atlanta, GA 30309		
	08/16/18	M180	00007486
3.	Date of filing/registration in Florida Lainie J Simon	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 185 NW Spanish River Blvd, Suite 220	ADDRESS)	2018 O
	Boca Raton, FI	33431	2011 OCT 17 XLVX81A SS
(b)			7 PH 17
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 14 SE 4th Street, #36	d Office address:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	NEW Registered Office Address		<u> </u>
	Boca Raton, FI	33432	_ _
Signa I here provisithe ohe to mere	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agings of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	f the registered of iability company of the limited liability elimited liability length when the performance of the deformance of the limited liability experience of the liability length with length with the liability length with the liability length with liability length with the liability length with the liability length with the liability length with the liability length with liability length with the liability length with lability length with length with lability length with lability length with labilit	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed